## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 1 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
The 2016 Committee			C	C00569905
Check if 24-hour report				
Full Name of Payee CAMPAIGN FUNDING DIRECT, INC	D.		M = M /	Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD			09 Amount	14 2015
SUITE 490				
City MC LEAN	State VA	Zip Code 22102-3028	Transaction II	
Purpose of Expenditure AGENCY FEES - CONSULTING		Category/ Type 004	Date of Disbur	rsement or Obligation  14  2015
Name of Federal Candidate		Support	Office Sought:	House District:
DR. BEN CARSON		Oppose	X President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	26	693562.11	Disbursement For: 2016 Other (spe	Primary General ecify) ▶
Full Name of Payee COLORTREE GROUP, INC.			Date of Public	Distribution/Dissemination
Mailing Address 8000 VILLA PARK DRIVE			Amount	14 2010
City	State	Zip Code		9950.85
RICHMOND	VA	23228-6500	Transaction ID  Date of Disbui	
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type 004	09 /	14 / 2015
Name of Federal Candidate		Support	Office Sought:	House District:
DR. BEN CARSON		Oppose	X President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		270312.96	Disbursement For: 2016 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures.			•	32849.12
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Robert Frank	[Electron	ically Filed] Date	01 / 18	2016
Signature				